

# Navigating the Billing Waters of Tobacco Use Treatment

*Presented by Rethink Tobacco Indiana and the Indiana Hospital Association*


*Tuesday, April 13<sup>th</sup> 2:00 – 3:00 PM*



**Indiana Patient  
Safety Center**  
of the Indiana Hospital Association

# Rethink Tobacco Indiana

Grant funded initiative by the Indiana Department of Health's Tobacco Prevention and Cessation to reduce the prevalence of tobacco use among persons with behavioral health conditions through the following activities:

-  Technical Assistance
-  Policy Development
-  Education
-  Specialized Training
-  Resources



**Tobacco Prevention  
and Cessation**

[www.in.gov/isdh/tpc](http://www.in.gov/isdh/tpc)

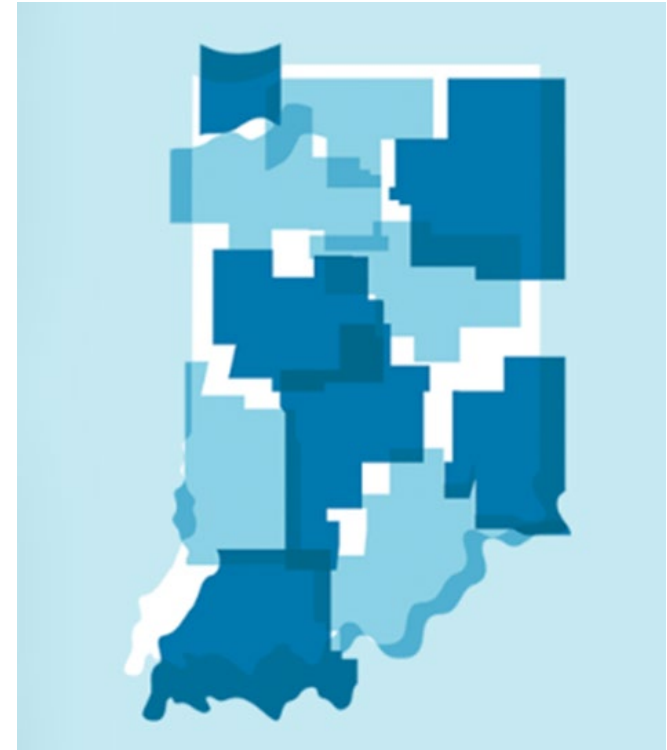


[www.RethinkTobaccoIndiana.org](http://www.RethinkTobaccoIndiana.org)

We are here to serve Indiana hospitals, patients, and communities. Whether through advocacy and education or by partnering with Hoosier health care providers on public health and patient safety initiatives, IHA's mission remains clear: provide Indiana hospitals with leadership, representation, and support to improve the health of Indiana citizens.

## *More than 165 IHA Members*

- 130 Acute Care Hospitals
- 35 Critical Access Hospitals
- 28 County Hospitals
- More than half of the hospitals are in systems
- Two hospitals “without beds”



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- All **participants lines will be muted**
- For audio access, participants can either call into the conference line or listen through their computer. Please **ensure your speakers are on and adjust the volume** accordingly
- This **webinar is being recorded** and will be available on Rethink Tobacco Indiana's website, along with the slides in two to four business days following the event
- Use the **Q & A button to submit questions** throughout the webinar to the presenter
- Share your thoughts and experiences using the **chat box** (be sure to send to both panelist and attendees for all to see)



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## Presenter



**Sharon A. Shover, CPC, CEMC**

*Manager of Reimbursement and Payor Relations*

**Indiana Hospital Association**



**Indiana Patient  
Safety Center**

of the Indiana Hospital Association

# 2021 Tobacco Documentation and Coding



Indiana  
Hospital  
Association

- Sharon A. Shover, CPC, CEMC
- [sshover@ihaconnect.org](mailto:sshover@ihaconnect.org)





# Tobacco Cessation Benefits



- Tobacco cessation counseling is defined as information given in the form of health education to the patient on topics related to tobacco use in any form, including cigarettes, cigars, snuff, and chewing tobacco, or on exposure to secondhand smoke. Tobacco cessation counseling includes information on smoking cessation and prevention of tobacco use.

- 405 IAC 5-37-3 Tobacco dependence counseling Authority: IC 12-15-1-10; IC 12-15-21-2; IC 12-15-21-3 Affected: IC 12-15 Sec. 3.
  - Reimbursement is available for smoking cessation tobacco dependence counseling services rendered by licensed practitioners under applicable Indiana law participating in the Indiana Medicaid program .
  - A prescription for tobacco dependence products serves as documentation that the prescribing practitioner has prescribed or obtained assurance from the patient that counseling occurs corresponding to the receipt of tobacco dependence products.

# Indiana Administrative Code

- The following may provide smoking cessation tobacco dependence counseling services when prescribed by a practitioner within the scope of his or her license under Indiana law and within the limitations of this rule:
  - Physician
  - Physician Assistant
  - Nurse Practitioner
  - Registered Nurse
  - Psychologist
  - Pharmacist
  - Dentist
  - Optometrist
  - Clinical Social Worker
  - Marital and Family Counselor
  - Mental Health Counselor
  - Licensed Clinical Addictions Counselor



When the patient decides to quit, you can influence the outcome. Strongly recommend appropriate tobacco cessation medication; give clear instructions on correct use; stress the importance of adherence.

- Medicare and Medicaid will cover tobacco cessation counseling for outpatient and hospitalized members:
  - Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
  - Who are competent and alert at the time that counseling is provided; and,
  - Whose counseling is furnished by a qualified physician or other qualified health care provider.

# Attempt or Session

- Counseling Attempt:
  - Occurs when a qualified physician or other Medicare-recognized practitioner determines that a patient meets the eligibility requirements and initiates treatment with a cessation counseling attempt. A cessation counseling attempt includes up to 4 cessation counseling sessions.
- Counseling Session:
  - Means a face-to-face patient contact of either the intermediate (greater than 3 minutes and up to 10 minutes) or the intensive (greater than 10 minutes) type performed either by or "incident to" the services of a qualified practitioner for the purpose of counseling the patient to quit smoking or tobacco use.

# Coverage Benefits - Medicare

- Two smoking cessation attempts allowed per year.
- Each attempt may include a maximum of four intermediate or intensive sessions.
- A total of eight sessions are covered in a 12-month period.
- Minimal counseling (<3 minutes) is not reimbursable as a separate and distinct service

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The practitioner and patient have the flexibility to choose between intermediate (more than 3 minutes but less than 10 minutes), or intensive (more than 10 minutes) cessation counseling sessions for each attempt.

# Current Procedural Terminology Codes

- **CPT Code 99406**

- Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

- **CPT Code 99407**

- Smoking and tobacco use cessation counseling visit; intermediate, greater than 10 minutes

# Counseling on CMS Telehealth Listing

- <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>

| LIST OF MEDICARE TELEHEALTH SERVICES effective January 1, 2021-updated January 14, 2021 |                              |  |   |                              |
|---|------------------------------|--|---|------------------------------|
| Code  | Short Descriptor             | Status   | Can Audio-only Interaction Meet the Requirements? | Medicare Payment Limitations |
| 99337   | Domicil/r-home visit est pat | Available up Through the Year in Which the PHE Ends                    |   |                              |
| 99341   | Home visit new patient       | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |
| 99342   | Home visit new patient       | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |
| 99343   | Home visit new patient       | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |
| 99344   | Home visit new patient       | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |
| 99345   | Home visit new patient       | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |
| 99347   | Home visit est patient       |  |   |                              |
| 99348   | Home visit est patient       |  |   |                              |
| 99349   | Home visit est patient       | Available up Through the Year in Which the PHE Ends                    |   |                              |
| 99350   | Home visit est patient       | Available up Through the Year in Which the PHE Ends                    |   |                              |
| 99354   | Prolong e&m/psyctx serv o/p  |  | Yes   |                              |
| 99355   | Prolong e&m/psyctx serv o/p  |  | Yes   |                              |
| 99356   | Prolonged service inpatient  |  | Yes   |                              |
| 99357   | Prolonged service inpatient  |  | Yes   |                              |
| 99406   | Behav chng smoking 3-10 min  |  | Yes   |                              |
| 99407   | Behav chng smoking > 10 min  |  | Yes   |                              |
| 99441   | Phone e/m phys/ghp 5-10 min  | Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 | Yes   |                              |
| 99442   | Phone e/m phys/ghp 11-20 min | Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 | Yes   |                              |
| 99443   | Phone e/m phys/ghp 21-30 min | Temporary Addition for the PHE for the COVID-19 Pandemic—Added 4/30/20 | Yes   |                              |
| 99468   | Neonate crit care initial    | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |
| 99469   | Neonate crit care subsq      | Available up Through the Year in Which the PHE Ends                    |   |                              |
| 99471   | Ped critical care initial    | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |
| 99472   | Ped critical care subsq      | Available up Through the Year in Which the PHE Ends                    |   |                              |
| 99473   | Self-meas bp pt educa/train  | Temporary Addition for the PHE for the COVID-19 Pandemic               |   |                              |

During PHE, the counseling service can be performed by audio-only.

During PHE, the service does not require the patient/provider to be in a designated “rural” area.



# International Classification of Diseases, 10<sup>th</sup> Revision

## Diagnosis Coding

The first decision a provider must make when diagnosing for Tobacco use is whether to use an ICD-10 F17 code or a Z code.

The F codes are from the Mental and Behavior Disorder Category. The F17 codes are used if the patient is dependent on tobacco. The Z codes are used if there is NOT dependence on tobacco. The Z codes cannot be combined with an F17 code.

| ICD-10-CM CODES – Most Common |   |
|-------------------------------|---|
| F17.200                       | Nicotine dependence, unspecified, uncomplicated           |
| F17.201                       | Nicotine dependence, unspecified, in remission            |
| F17.210                       | Nicotine dependence, cigarettes, uncomplicated            |
| F17.211                       | Nicotine dependence, cigarette, in remission              |
| F17.220                       | Nicotine dependence, chewing tobacco, uncomplicated       |
| F17.221                       | Nicotine dependence, chewing tobacco, in remission        |
| F17.290                       | Nicotine dependence, other tobacco product, uncomplicated |
| F17.291                       | Nicotine dependence, other tobacco product, in remission  |
| Z87.891                       | Personal history of nicotine dependence                   |



**Electronic nicotine delivery systems (ENDS) are battery-operated devices designed to deliver nicotine to users with flavorings and other chemicals in vapor form rather than smoke.**  
*Use F17.29- "other tobacco product" codes.*

“In Remission”

## International Classification of Diseases, 10<sup>th</sup> Revision

### REMISSION, WITHDRAWAL, AND NICOTINE-INDUCED DISORDERS

Nicotine dependence codes are further defined by whether the patient’s dependence is **uncomplicated, in remission, with withdrawal symptoms, or with other nicotine-induced disorders**. **Box 2** provides useful definitions on these subcategories of dependence.

#### BOX 2: DEFINITIONS TO CONSIDER WHEN CODING FOR NICOTINE DEPENDENCE

**REMISSION:** The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines early remission of nicotine dependence as at least 3 but less than 12 months without substance use (except craving), and sustained remission is defined as at least 12 months without criteria (except craving).<sup>1</sup>

**WITHDRAWAL:** Daily use of nicotine for at least several weeks, AND an abrupt cessation of nicotine use, or reduction in the amount of nicotine used, followed within 24 hours by four or more of the following signs: (1) irritability, frustration, or anger; (2) anxiety; (3) difficulty concentrating; (4) restlessness; (5) decreased heart rate; (6) increased appetite or weight gain; (7) dysphoric or depressed mood; and (8) insomnia.<sup>1</sup>

**NICOTINE-INDUCED DISORDER:** An adverse health event that a provider documents as having a direct cause-and-effect relationship with the patient’s nicotine use (e.g., chronic obstructive pulmonary disease, or COPD). Default to using “uncomplicated” codes unless there is a documented relationship between nicotine use and the disorder.

# Medicare Counseling to Prevent Tobacco Use



Telehealth  
Eligible

## Counseling to Prevent Tobacco Use ([NCD 210.4.1](#))

PRINT  
THIS SERVICE

### HCPCS/CPT Codes

**99406** — Smoking and tobacco use cessation counseling visit, intermediate, greater than 3 minutes up to 10 minutes

**99407** — Smoking and tobacco use cessation counseling visit, intensive, greater than 10 minutes

#### What's Changed?

- No 2021 second quarter changes

### ICD-10 Codes

F17.210, F17.211, F17.213, F17.218, F17.219, F17.220, F17.221, F17.223, F17.228, F17.229, F17.290, F17.291, F17.293, F17.298, F17.299, T65.211A, T65.212A, T65.213A, T65.214A, T65.221A, T65.222A, T65.223A, T65.224A, T65.291A, T65.292A, T65.293A, T65.294A, and Z87.891

**NOTE:** Additional ICD-10 codes may apply. See the [CMS ICD-10](#) webpage for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [contact your MAC](#) for guidance.

### Medicare Covers

Outpatient and hospitalized patients for whom all are true:

- Use tobacco, regardless of whether they exhibit signs or symptoms of tobacco-related disease
- Competent and alert at the time of counseling
- Counseling provided by a qualified physician or other Medicare-recognized practitioner

### Frequency

Two cessation attempts per year. Each attempt may include a maximum of 4 intermediate or intensive sessions, with the total annual patient getting up to 8 sessions per year.

### Patient Pays

- Copayment/Coinsurance waived
- Deductible waived

# Medicare Requirements

- Effective for claims with dates of service on or after August 25, 2010, CMS will cover tobacco cessation counseling for outpatient and hospitalized Medicare beneficiaries
- Who use tobacco, regardless of whether they have signs or symptoms of tobacco-related disease;
- Who are competent and alert at the time that counseling is provided; and,
- Whose counseling is furnished by a qualified physician or other Medicare-recognized practitioner.
- Intermediate and intensive smoking cessation counseling services will be covered under Medicare Part B when the above conditions of coverage are met, subject to frequency and other limitations. That is, similar to existing tobacco cessation counseling for symptomatic individuals, CMS will allow 2 individual tobacco cessation counseling attempts per 12-month period. Each attempt may include a maximum of 4 intermediate OR intensive sessions, with a total benefit covering up to 8 sessions per 12-month period per Medicare beneficiary who uses tobacco. The practitioner and patient have the flexibility to choose between intermediate (more than 3 minutes but less than 10 minutes), or intensive (more than 10 minutes) cessation counseling sessions for each attempt.

- Copayment/coinsurance waived
- Deductible waived

# Coverage Benefits - Medicaid

- The Indiana Health Coverage Programs (IHCP) currently covers tobacco dependence counseling in 15-minute increments:
  - Bill using **99407** *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes and modifier U6 per 15 minutes*
  - Maximum of 150 minutes (10 units) allowed per calendar year; minimum of 30 (2 units).
  - Use a primary diagnosis code of F17.200-F17.299
  - Providers should check with individual Managed Care Entities to determine if they cover 99406 for members enrolled in the Healthy Indiana Plan (HIP) *smoking and tobacco use cessation counseling visit, 3 to 10 minutes*
  - Telemedicine billing: Add **modifier GT** *Via interactive audio and video telecommunication systems.*

# Coverage Benefits - Medicaid

- Clinical social worker\*\*
- Dentist
- Licensed clinical addiction counselor\*\*
- Marital and family counselor\*\*
- Mental health counselor\*\*
- Nurse practitioner
- Optometrist
- Pharmacist
- Physician
- Physician assistant
- Psychologist\*\*
- Registered nurse\*



Eligible practitioners, such as pharmacists who work for or own IHCP-enrolled pharmacies, bill for treatment services rendered through the enrolled entity where services are provided.

\*Not separately enrolled

\*\*Licensed providers eligible to enroll as of 11/01/2020

# Coverage Benefits - Medicaid

- Tobacco dependence counseling may be rendered during the course of other health services:
  - **Group addiction counseling (inclusive)**
  - **Evaluation and Management services** (modifier 25 may be required)
  - **Community Health Workers (CHW)**
    - 98960 – Self-management education & training, face-to-face, 1 patient
    - 98961 – Self-management education & training, face-to-face, 2–4 patients
    - 98962 – Self-management education & training, face-to-face, 5–8 patients
    - Must include claim note with the name of the CHW
    - See [BT201826](#) for more information

# Coverage Benefits - Medicaid

## Resources:

Mental Health and Addiction Provider Reference Module:  
<https://www.in.gov/medicaid/files/mental%20health%20and%20addiction%20services.pdf>

News, Bulletins, and Banner Pages:  
<https://www.in.gov/medicaid/providers/737.htm>



# Coverage Benefits - Medicaid

The IHCP is actively reviewing the following:

- Removing the U6 modifier requirement for 99407. Allow service for greater than 10 minutes (intensive)
- Adding coverage of 99406 for tobacco dependence counseling between 3 to 10 minutes (intermediate)
- Expanding the list of allowed primary diagnoses

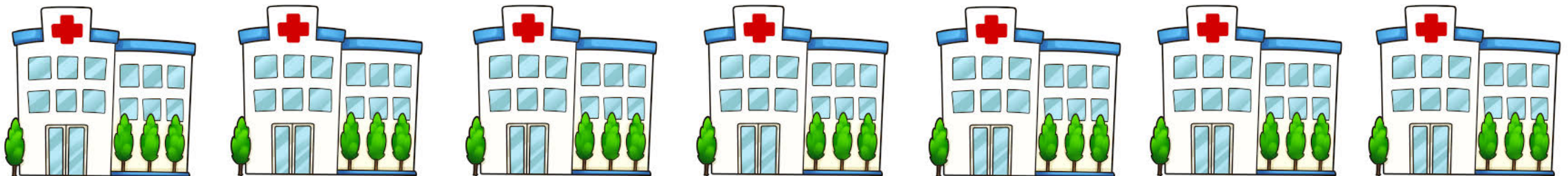
# Coverage Benefits - Medicaid

- No copays for Tobacco Cessation Products
- Prescription Drugs
  - Labeler must participate in the Medicaid Drug Rebate Program

| Drug Class               | Preferred   | Non-Preferred                             |
|--------------------------|---|---|
| Smoking Deterrent Agents | bupropion SR 150; Commit lozenge; Nicoderm; Nicorette; nicotine gum; nicotine patch Chantix<br>Age – 18 years of age or older | Nicorelief; Nicotrol NS; Nicotrol Inhaler |

# Medicare Billing Requirements

| Type of Facility                       | Method of Payment                    | Billing Form | Detail                    |
|--|--------------------------------------|--------------|---------------------------|
| Rural Health Clinic                    | All inclusive rate for the encounter | UB 04        | Revenue Code 521/CPT Code |
| Federally Qualified Health Care Center | Perspective Payment System           | UB 04        | Revenue Code 521/CPT Code |
| PPS Hospitals                          | OPPS for hospitals                   | UB 04        | Revenue Code 942/CPT Code |
| Home Health Agency                     | Medicare Physician Fee Schedule      | CMS 1500     | CPT Code                  |
| Critical Access Hospital               | 101% of reasonable cost              | UB 04        | Revenue Code 942/CPT Code |
| Physician Office                       | Medicare Physician Fee Schedule      | CMS 1500     | CPT Code                  |



# Documentation Tips

## Documentation

Regardless of the payer (e.g. Medicare, Medicaid, private), providers need to use ICD-10 codes and provide documentation regarding medical necessity and the specifics of what was provided. The goal is to clearly establish medical necessity and ensure payment for services. **Coding is not sufficient.** Medicare and other payers find improper payments by selecting a sample of claims or flagging suspicious claims and requesting medical documentation from the provider. The claim is reviewed against the provider's medical documentation – either an electronic medical record or paper record. As such, the following items should be documented in the medical record:

- Patient's willingness to attempt to quit
- What was discussed during counseling
- Amount of time spent counseling
- Tobacco use
- Advice to quit and impact of smoking provided to patient
- Methods and skills suggested to support cessation
- Medication management
- Setting a quit date with the patient
- Follow-up arranged
- Resources made available to the patient



# Claim Denials

Payers may deny claims for tobacco cessation counseling for many reasons. Practices may not be able to successfully dispute such denials if the patient:

- ▶ has exceeded annual coverage limits or
- ▶ is receiving tobacco cessation services from another provider

If a provider receives a denial for reasons other than these, it is often advisable to contact the plan to determine if there was an error processing the claim, or if there are specific documentation or coding requirements that they may have. The claim may be able to be corrected and resubmitted for reimbursement.



# Questions? Contact me!



**Sharon Shover, CPC, CEMC**  
**Manager Reimbursement & Payor Relations**  
**Indiana Hospital Association**  
**317.423.7729**  
**[sshover@ihaconnect.org](mailto:sshover@ihaconnect.org)**

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